

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90055 026 ****50.00

DOCUMENT # L01000017137

1. Entity Name

EFCOAWARDS, LLC

Principal Place of Business

**18151 N.E. 31ST COURT, SUITE 904
AVENTURA FL 33160-2600**

Mailing Address

**18151 N.E. 31ST COURT, SUITE 904
AVENTURA FL 33160-2600**

80102774

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number

65-1147601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FROELICH, LESLIE J
18151 N.E. 31ST COURT, SUITE 904
AVENTURA FL 33160-2600**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FROELICH, ABRAHAM D
18151 N.E. 31ST COURT, SUITE 904
AVENTURA FL 33160-2600** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
FROELICH, ABRAHAM D
18151 N.E. 31ST COURT, SUITE 904
AVENTURA FL 33160-2600** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
FROELICH, LESLIE J
18151 N.E. 31ST COURT, SUITE 904
AVENTURA FL 33160-2600** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Leslie J. Froelich
Leslie J. Froelich

Date

4/27/02

Daytime Phone #

**(305)
935-9107**

CR2E083 (9/01)